

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <u>12252</u>	2. Fiscal Year Covered From  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Richard D Kenney  P.O. Box, Bldg., Room No., if any  Street 18909 Harrison St.  City Lowell  State Indiana ZIP Code + 4 46356	4. Name, file number, and address of labor organization.  Name Teamsters Local No. 142  Labor Organization File Number 028-845  P.O. Box, Building and Room Number, if any  Street 1300 Clark Road  City Gary  State Indiana ZIP Code + 4 46404
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. Nothing to Report  7.b. Amount.

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Richard D Kenney*

On 8/12/2005

Date

(219) 696-1508

Telephone Number

Name of Person Filing Richard Kenney	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Legacy Professionals LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9301 Calumet Ave.</p> <p>City Munster</p> <p>State Indiana ZIP Code + 4 46321</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name Teamsters 142 Health, Welfare &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark Road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>11.a. Nature of such dealing.</p> <p>June 11, 2004 Board of Trustees Meeting</p> <table><tr><td>Meeting</td><td>\$20.25</td></tr><tr><td>Lunch</td><td>\$26.94</td></tr><tr><td>Total:</td><td>\$47.19</td></tr></table> <p>11.b. Approximate dollar value of such dealing. \$47</p> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <p>12.b. Amount.</p>	Meeting	\$20.25	Lunch	\$26.94	Total:	\$47.19
Meeting	\$20.25						
Lunch	\$26.94						
Total:	\$47.19						

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>Nothing to Report</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Richard Kenney	File Number U-
--------------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (\*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stewart C Miller &amp; Co., Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2111 West Lincoln Highway</p> <p>City Merrillville</p> <p>State Indiana ZIP Code + 4 46410</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters 142 Health, Welfare &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark Road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>11.a. Nature of such dealing.</p> <p>Christmas Gift in December 2004</p> <p>Popcorn \$30.98</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$31</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing Richard Kenney	File Number U-
--------------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters 142 Training Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark Road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>International Foundation of Employee Benefit Plans Education Seminar for Jointly Managed Training and Education Funds held 01/11/2004-01/14/2004. \$657.90</p>
	<p>11.b. Approximate dollar value of such dealing. \$658</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <p>12.b. Amount.</p>

Name of Person Filing Richard Kenney	File Number U-
--------------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters 142 Health, Welfare &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark Road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>International Foundation Of Employee Benefit Funds Educational Seminar held 06/12/2004-06/19/2004</p> <p>Total: \$3216.90</p> <p>Includes: Airfare, Airport travel, Conference Registration, Hotel and all other expenses.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$3,217</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing Richard Kenney

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any).

Name Teamsters 142 Health, Welfare &amp; Pension Fund

Trade Name, if any

P O Box, Bldg., Room No., if any

Street 1300 Clark Road

City Gary

State Indiana ZIP Code + 4 46604

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a Nature of such dealing

International Foundation of Employee Benefit Plans  
Annual Educational Conference to be held  
11/13/2005-11/16/2005

Conference Registration and Hotel Deposit: \$1310.00

## 11.b. Approximate dollar value of such dealing

\$1,310

## 12.a Nature of interest held or income received

Nothing to Report

## 12.b. Amount

**U. S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210**

**Re: 2004 LM-30 Report for Richard D. Kenney**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 through December 31, 2004. As I was not aware of such report and its filing requirements, accurate records of reportable occurrences were not kept during the 2004 fiscal year, and some or several items may be unintentionally omitted from this report. This filing represents my honest effort to reasonably estimate and report what I believe to be the necessary information. If, in the future, additional transactions, dealings or interests become known to me that should have been reported for the 2004 fiscal year, I will immediately file an amended Form LM-30.

Richard D Kenney 8/14/05  
Signature Date